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Atty Docket No. 021803-000400US

PTO FAX NO.: (571) 273-8300

OFFICIAL COMMUNICATION

MAIL STOP AMENDMENT

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of HAKAN ONER et al., Application No. 10/737,416, filed December 15, 2003 for TRANSMITTER FOR LOW VOLTAGE DIFFERENTIAL SIGNALING are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

- 1) Transmittal Form (1 p);
- 2) Fee Transmittal for FY 2005 (1 p in duplicate);
- 3) Petition For Extension of Time (1 p in duplicate);
- 4) Amendment (12 pp); and
- 5) Information Disclosure Statement (3 pp) w/o reference).

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Number of pages being transmitted, including this page: 21

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Dated: 10/27/05


Diane Hawley

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0399


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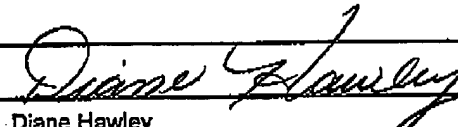
OCT 27 2005

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/737,416
	Filing Date	December 15, 2003
	First Named Inventor	Oner, Hakan
	Art Unit	2819
	Examiner Name	CHO, JAMES HYONCHOL
	Attorney Docket Number	021803-000400US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Ardeshir Tabibi		
Date	10-27-05	Reg. No.	48,750

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-278-8300 on 10-27-2005			
Signature			
Typed or printed name	Diane Hawley	Date	10/27/05

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PTO/SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)

Complete if Known

Application Number 10/737,416
Filing Date December 15, 2003
First Named Inventor Oner, Hakan
Examiner Name CHO, JAMES HYONCHOL
Art Unit 2819
Attorney Docket No. 021803-000400US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity
Fee (\$) 50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee (\$) 25
Multiple dependent claims Fee (\$) 200
Fee (\$) 360 Fee (\$) 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
-20 or HP = X = Fee (\$) Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
-3 or HP = X = Fee (\$) Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = / 50 = (round up to a whole number) x = Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Stmt

180

SUBMITTED BY

Signature [Signature] Registration No. (Attorney/Agent) 48,750 Telephone 650-326-2400
Name (Print/Type) Ardeshir Tabibi Date 10/27/05

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